

## LOSS ADJUSTMENT CERTIFICATION FORM

Crop Year: 2012 Date: 05/30/12 Page 1 of 2

Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put to another use, (2) completion of replanting on the unit for replanting payment, (3) for nursery, all Zeta Market Value (ZMV) plants on the unit have been destroyed, or (4) any action to which you have certified as stated on this form.

Data Originated: \_\_\_\_\_  
Return to (Adjuster's Name, AIP Name, Address, City, State, Zip): \_\_\_\_\_

INSURED'S NAME: BRUHN FARMS JOINT VENTURE	AGENCY: TERRY NIELSEN AGENCY	AGENCY CODE: 141252-00	CROP YEAR/POLICY NUMBER: 2012-10-987-733381
STREET ADDRESS: 14535 WALNUT AVENUE	ADDRESS: PO BOX 87		FSA FN:
CITY: MAPLETON	STATE: IA	CITY: IDA GROVE	CROP(S):
PHONE: (712)382-2735	CELL: (712)384-2431	STATE: IA	UNIT NUMBER/UNIT ACRES: 51445
IDENTIFICATION NUMBER: XX-XXXX925	IDENTIFICATION NUMBER TYPE/PERSON TYPE: EIN	INSURED'S AUTHORIZED REPRESENTATIVE: ALAN BRUHN	

Replant, destruction, or other use of acreage (plants or nursery) identified was completed on the date(s) shown.

0001 - 000564	Replant	60 . 0	Replant	60 . 0	6 - 1	50.00	NIR
0001 - 000654	Replant	105 . 0	Replant	105 . 0	6 - 2	50.00	NIR
0001-000764	Replant	55 . 0	Replant	50 . 0	5 - 24	50.00	NIR
0001-000254	Replant	40 . 0	Replant	50 . 0	6 - 3	50.00	NIR
0001-000664	Replant	175 . 0	Replant	175 . 0	6 - 1	50.00	NIR

Remarks:

Refer to the crop policy qualifications for replanting payments.

I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.

I certify that the acreage in Unit \_\_\_\_\_ will not be harvested and that the acreage will be put to use as stated in \_\_\_\_\_ (item location above) when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP.

I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is gleaned it will be gleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.



PRODUCERS AG INS-Des Moines  
7601 Office Plaza Dr N, Ste 125  
Minneapolis, MN 55428

Complete and mail this form within (5) days (or within the time-frame specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put out; (2) all structures in the unit have been destroyed; (3) for nursery, all Zoro Market Value (ZMV) plants on the unit have been destroyed; or (4) any action to which you have certified as stated on this form.

Return to (Adjuster's Name, ALP Name, Address, City, State, Zip):

Date Originated: _____		Return to (Adjuster's Name, AJP Name, Address, City, State, Zip): _____	
INSURED'S NAME: <b>BRUHN FARMS JOINT VENTURE</b>		AGENCY CODE: <b>141252-00</b>	
STREET ADDRESS: <b>14535 WALNUT AVENUE</b>		AGENCY: <b>TERRY NIELSEN AGENCY</b>	
CITY: <b>MAPLETON</b>		ADDRESS: <b>PO BOX 87</b>	
STATE: <b>IA</b>	ZIP: <b>51034</b>	CITY: <b>IDA GROVE</b>	STATE: <b>IA</b> ZIP: <b>51445</b>
PHONE: <b>(712)882-2735</b>	CELL: <b></b>	PHONE: <b>(712)364-2431</b>	
IDENTIFICATION NUMBER: <b>XX-XX008925</b>		IDENTIFICATION NUMBER TYPE/PERSON TYPE: <b>EIN</b> Joint operations Ventures	
INSURED'S AUTHORIZED REPRESENTATIVE: <b>ALAN BRUHN</b>			
Any information or other use of acreage (insects or nurseries) identified was completed on the date(s) shown.			

Refer to the crop policy qualifications for replanting payments.

I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.

I certify that the acreage in Unit \_\_\_\_\_ will not be harvested and that the acreage will be put to use as stated in \_\_\_\_\_ (item location above) when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP.

I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is gleaned it will be gleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.



PRODUCERS AG INS- Des Moines  
7801 Office Plaza Dr N, Ste 125  
West Des Moines, IA 50266

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### COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a). The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Act, and the regulations promulgated thereunder, to solicit, receive, and process information requested in documents or transmitted by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be transmitted to other Federal, State, or local agencies as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, RMA, agents, managers, administrative tribunal, AIPs, contractors and cooperatives. Complainant's Information Management System (CIMS), congressional offices, or officials under contract with RMA. For insurance aspects, certain information may also be disclosed to the public to assist interested individuals in locating agents in particular areas. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA. In accordance with the Standard Restoration Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

### NONDISCRIMINATION STATEMENT

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### PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAG Group) is committed to respecting the individual privacy of our policyholders and their significant beneficiaries (holders of保单). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our Customers and to service our business our employees have access to Customers' personal information in the course of doing their jobs, and we may share or disclose nonpublic personal information about the Customers to entities within the ProAG Group or with non-affiliated third parties with whom we have a contractual relationship such as as agents within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written authorization to transfer such information has been granted by the policyholder. We may also share nonpublic personal information with affiliates and non-affiliated third parties as permitted by law. The ProAG Group will not sell or share your personal information with anyone for purposes unrelated to our business functions without our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties. (18 U.S.C 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, 3730 and any other applicable federal statutes).

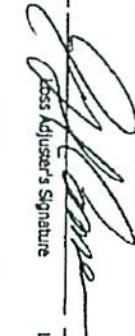
I understand that the information on this form may be used for processing the claim which I previously signed.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Insured's Printed Name Insured's Signature Date

\_\_\_\_\_ \_\_\_\_\_  
Loss Adjuster's Printed Name Loss Adjuster's Signature Date

For Office Use Only:

Accepted Rejected Second Inspection

  
2-24-12

